

1. DATE OF INCIDENT <b>06-JUN-2014</b>		TIME <b>23:23:00</b>		2. ADDRESS OF OCCURRENCE <b>9301 S WALLACE ST CHICAGO, IL 60620</b>				3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>2223</b>						
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>WROBEL</b>		7. FIRST NAME <b>MICHAEL M</b>		8. STAR NO. <b>11688</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>602</b>		12. HT. <b>160</b>	
	14. DATE OF APPT. <b>28-APR-2008</b>		15. EMPLOYEE NO. <b>312</b>		16. UNIT & BEAT OF ASSIGNMENT <b>6728F</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	20. LAST NAME <b>SHABAZZ</b>		21. FIRST NAME <b>MALIK</b>		22. M.I. <b>BLK</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>04-JAN-1985</b>		25. D.O.B. <b>506</b>		26. HT. <b>230</b>		27. WT.	
SUBJECT INFORMATION	28. ADDRESS <b>9351 S WALLACE ST CHICAGO, IL 60620</b>				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>CHRIST</b>				34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
	36. CHARGES PLACED <b>***** PLEASE SEE NEXT PAGE *****</b>				37. CB NO. <b>18909736</b>		IR NO. <b>DNA</b>									
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE					
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>					
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>					
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>							
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>							
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>									
CASE INFO.	39. <input type="checkbox"/> DNA				40. ADDITIONAL INFORMATION <b>THE NUMBER OF ROUNDS DISCHARGED BY THE MEMBER IS ONLY AND ESTIMATE. THE ACTUAL NUMBER WILL BE DETERMINED BY FORENSIC SERVICES FOLLOWING INSPECTION OF THE OFFICER'S WEAPON. OFFENDERS WEAPON IS A 9MM SEMI AUTO HANDGUN.</b>											
	POSITION		STAR NO.		UNIT											
	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>									
SIGNATURES	45. MAKE/MANUFACTURER <b>P.I. INDUSTRIES (FORMERLY) - US - (BERETTA USA CORP, BRONCO)</b>		46. MODEL <b>PX4 STORM</b>		47. BARREL LENGTH <b>4</b>		48. CALIBER/GAUGE <b>9 MM</b>									
	49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters) <b>PX19103</b>		51. CHICAGO GUN REG. NO. <b>R007805S</b>		52. IL FIREARM OWNER ID. NO. <b>42670182</b>		53. HANDGUN CERTIFICATE NO.							
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>DEPARTMENT ISSUED</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>12</b>							
SIGNATURES	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)									
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO											
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>DEPARTMENT VEHICLE</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
SIGNATURES	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC				71. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.											
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.															
	73. REPORTING MEMBER (Print Name) <b>WROBEL, MICHAEL M</b>				STAR/EMPLOYEE NO. <b>11688</b>				SIGNATURE <b>[Signature]</b>							
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) <b>DARLIN, RANDALL L</b>				STAR NO. <b>93</b>				SIGNATURE <b>[Signature]</b>				DATE REVIEWED <b>02-JUN-2016 17:40:40</b>			
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.															

Attachment# 101

<div>SUBJECT INFORMATION</div>	<div>36. CHARGES PLACED</div> <div>720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4</div> <div><input type="checkbox"/> DNA</div>	
------------------------------------	---	--

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE DIN-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

TRR was re-created due to a computer technical error or glitch. Therefore, Subject was not able to be interviewed 2 years after the incident.

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

This TRR was originated 06 JUNE 2014. During a review of this incident by IPRA, they found that this TRR was never approved. A computer search was conducted by CPD PSIT, and the original TRR could not be found. Therefore, the original could not be approved. IPRA did have a original copy of the not approved TRR.

IPRA provided a copy of that not approved TRR to First Deputy John ESCALANTE. Commander DEENIHAN then contacted Captain DARLIN and requested officer WROBEL re-create a new TRR on 02 June 2016. WROBEL re-created a new TRR using the old copy provided by IPRA as a guide. Captain DARLIN then reviewed the TRR for accuracy. Reporting Commander DEENIHAN then also reviewed the TRR.

It should be noted reporting Commander DEENIHAN was also on the scene of this shooting incident on the original date of occurrence. Commander DEENIHAN reviewed this TRR and finds the officer acted appropriately and followed department policy for this shooting incident. IPRA is responsible for reviewing the entire use of force justification and shooting incident.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1069667 OBTAINED

### 78. LIEUTENANT OR ABOVE/OCIC (Print Name)

DEENIHAN, BRENDAN D

#### SIGNATURE

[Redacted Signature]

#### DATE COMPLETED

#### TIME

03-JUN-2016 09:55:42

### 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELDW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

#### ATTACHMENTS - PHD TDCDPIES OF:

☐ CASE REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

#### 80. TOTAL TRR's THIS EVENT No.

5

Log# 1069651

Attachment# 101